



Developing a statewide drug checking program

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What is Drug Checking?

Drug checking is a harm reduction intervention that gives people who use drugs more information about what they are consuming and helps to minimize the harm that can result from taking an unintended substance.



The goals of a drug -checking program



1. Provide information about the contents of the drug supply to better inform people who use drugs and the programs that support them
 - Programmatic, individual
 - Monitoring, public health; responsive intervention
 1. Engage populations of people who use drugs who don't engage with harm reduction programs
 - People using stimulants
 - Housed populations
 - Suppliers
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How has drug checking evolved

Origins in nightlife and festival settings in Europe

Adapted for harm reduction and overdose prevention settings in British Columbia

Forensic testing for cannabis, other regulated substances

Expansion to remnant drug samples

Information sharing, interpretation more complex

Broad acceptance and incorporation into policy making (e.g., FTS)

Model State Legislation on FTS and other drug checking equipment to protect possession and delivery of substances for testing

Instruments used in drug checking programs

Us!

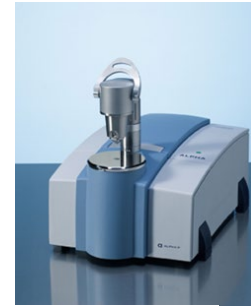
Immunoassay strips



pH strips

Reagents

Fourier Transform Infrared Spectrometer (FTIR-S)



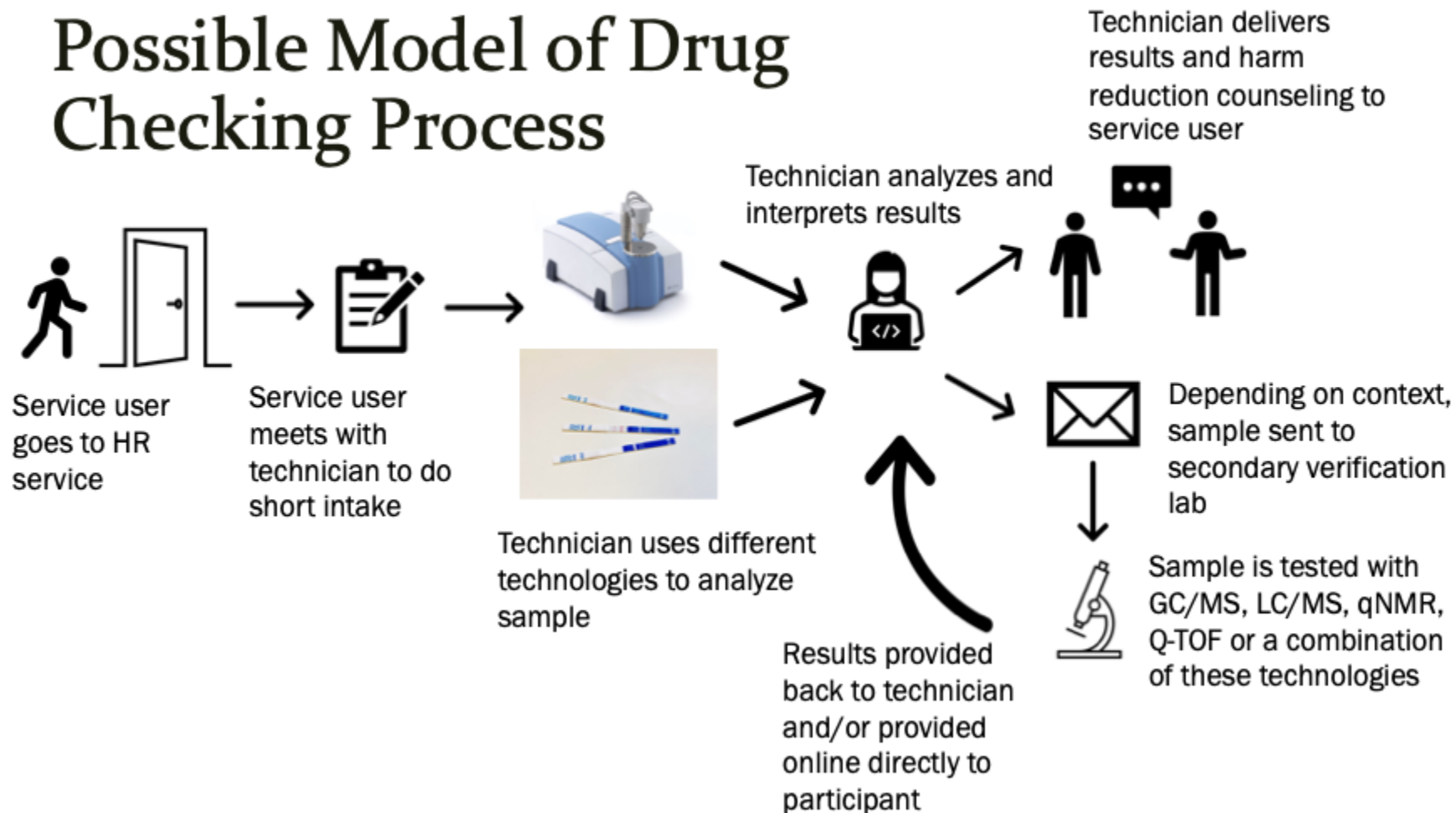
Raman Spectrometer

Laboratory equipment: GC/MS, LC-QToF

Specialized software to conduct analyses



Possible Model of Drug Checking Process





Best practices

Craft to local needs, capacity

What is legally supported

What do people who use drugs/harm reduction programs want

Geography of drug use and markets

Permissions, documentation, communication, clear roles

Validity, specificity of approaches

Strong data management, accountability, data visualization platform

Decision making linked to results

Advisory Board

Liability: devices, staff, participants

Oversight, accountability

Regional partnerships with other drug checking programs

Critical Components of Community Based Drug Checking

- Real time
- Drug user facing
- Reality informed
- Meaningful and actionable
- Harm reduction-based

ACDC is a collaboration between the DOPE Project, Homeless Youth Alliance, Glide Harm Reduction and the SF Drug Users Union to collect samples from San Francisco's drug supply that people who use drugs are concerned about, and have them tested using LC-MS technology.

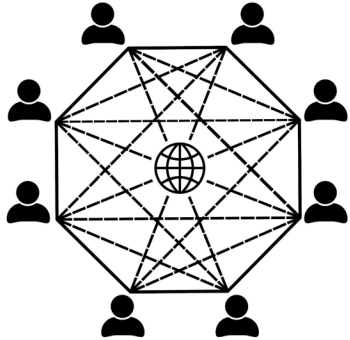
ALLIANCE FOR COLLABORATIVE DRUG CHECKING (ACDC)

SAN FRANCISCO
Results for April 2019

ACDC is supported by SFPD and the Clinical Toxicology lab at Zuckerberg San Francisco General Hospital.

For more information contact
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DOPE42 Sample collected 4/26/19 at Homeless Youth Alliance	SAMPLE PROFILE Purchased in the Tenderloin Sold as black tar heroin Caused itchy rash, burning in feet, neck, back, swollen lips, had no legs	WHAT WAS IT? Major component: heroin Trace components: cocaine, lidocaine and methamphetamine	SO WHAT? Even though this sample has some trace amounts of stimulants in it, the allergy-like reaction was most likely because of the heroin, a contaminant or an inert cut in the sample.
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Reach per machine

“Reach” is highly dependent upon size of program and purpose of program

- How precise? What time/place estimates are important? Trends?

Samples tested as a metric may be incomplete

Diversity of individuals and locations served vs. volume

Consider testing locations AND broad range of potential collection sites

Dropboxs

Mail-based programming

Mobile van/ health van synergies

Suppliers/distributors/Buyer groups

Cost to implement and administer a real -time, on -site drug -
checking program

Cost per sample are
comparable to forensic
testing cost per
sample estimates
(~\$470/ sample)*
Park et al, 2024

Start up costs

Instruments*
Computers*
Staff time*
Supplies
Lab testing*
Training
Software
Implementation
Mailing/courier
Remote TA support

Ongoing costs

Staff time*
Supplies (replenish)
Maintenance/repair
Lab testing*
Training re-fresh
Mailings/courier
Desiccants

*large component of cost

Example Budget

Line Item	Cost	Timing
Equipment		
FTIR instrument and reference libraries	\$46,000	One time purchase, annual subscription fees for libraries
Test strips (fentanyl, xylazine, benzo, etc.)	\$2,000	Annually
Miscellaneous equipment (tools, cleaning supplies, mailing supplies, etc.)	\$2,500	Annually
Staffing		
FTIR technician (salary + benefits)	\$90,000	Annually
Training and Consultants		
Initial training	\$15,000	Up front training costs, some funding for on-going TA
Secondary/Complementary Testing		
	\$20,000	Annually



What does training look like for an organization

Manager/supervisor

Analyst/technician

Support/other staff

Tailored, hands-on!

Frequency, style

Timeline, expectations

Ongoing supports for technicians

Sample Timeline

Pre-Implementation

2 months-1 year

- Depends on appetite for risk-taking
- Funding cycle
- Need to address state and local policy
- Engage with community
- Get buy-in from stakeholders
- Identifying secondary testing partner

Equipment

2 months

- 5-6 weeks to receive machine after placing an order
- Purchase other equipment (test strips, consumables for operating spectrometer)
- Identify and prepare environment for drug checking

Initial Training

3-6 months

- Pre-training didactic learning
- 3-day hands-on, in-person training with local drug samples
- 12 weeks of pilot-phase with remote mentoring/shadowing
- Time in pilot phase depends on volume of samples

Ongoing Education and Capacity Building

6 months-1 year

- Operating in community with larger drug checking community for continued education and learning
- Building knowledge base about local supply
- Hands-on practice and building of expertise over the course of the year
- Experienced technicians develop capability to train new technicians



How might OTP and OBOT programs partner with Drug -checking

New territory!

Low-barrier OTP and OBOT programs may be providing FTS, naloxone, so this is an extension

Improves clinical care, therapeutic alliance, program engagement

Motivated by lack of information from UDS, existing panels



Accountability & measurement for potential payors

Oversight: registration, licensing, or other

Certification

Transparency in reporting

Infrastructure for technicians, staff engaged in this work

Metrics:

New participants, recurring participants

Supplies/materials provided

Referrals

Newly identified substances

Queries, downloads on website, media mentions with accurate information

Bad metrics:

Alerts/bulletins posted

Other thoughts



Quickly evolving field, instruments change, requires flexible approach

Pilot then scale

Invest in local laboratory capacity

Seek feedback & guidance from communities of people who use drugs

Consider a harm reduction approach to drug checking

Readiness of programs

Offer range of involvement

Thank you!

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